

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/089594

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED			DEPENDENT	AFTER 2nd AMENDMENT	
	IND.	DEP.			IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		1		1		
7		1		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		3		1		
18		1		1		
19		6		1		
20		6		1		
21		6		1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		23		1		
TOTAL CLAIMS	23		24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS